COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

(Page 1)

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original,
first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a

patent is sought on the invention entitled COORDINATE INPUT APPARATUS								
the specification	on of which was fill ded Application N	led as PCT Internati o. <u>10/557,520</u> and a	ional Application mended under PC	No. PCT/JP2005/0 T Article 19 on	10900 on <u>8/JUN/200</u> (if applic			
including the c I ackno I hereb application(s) i at least one cou	laims, as amended wledge the duty to y claim foreign pri for patent or inven intry other than the ventor's certificate	iority benefits under tor's certificate, or 3 e United States, list	t referred to above on which is materi 35 U.S.C. 119(a) 365(a) of any PCT ed below and have	al to patentability a -(d) or 365(b), of ar international applic also identified belo	s defined in 37 CFR	tes cation		
Country	Application No.	Filed(Day/Mo./Yr	.) Priority Claim	ed (Yes/No)				
Japan	169977/2004(Pat	.) 8/JUN/2004	Yes					
any PCT intern each of the clai in the manner p which is materi	ational application ms of this application provided by the firmial to patentability	n designating the Ur tion is not disclosed st paragraph of 35 U	nited States, listed in the prior Unite J.S.C. 112, I ack F.R. 1.56 which	below and, insofar d States or PCT into mowledge the duty became available b	ion(s), or 365(c) of as the subject matter ernational application to disclose information etween the filing date	of 1 on		
Application No	. Filed (Da	y/Mo./Yr.) S	tatus(Patented, Pe	nding, Abandoned)				

I hereby appoint the practitioners associated with the firm and Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith, and direct that all correspondence be addressed to the address associated with that Customer Number:

MORGAN & FINNEGAN, L.L.P.

Customer Number: 27123

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

(Page 2)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that Such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First Inventor Minoru ISHIKAWA							
Inventor's signature Minoru Sokikaura							
Date December 26, 2006 Citizen/Subject of JAPAN							
Residence Kawasaki-shi, Kanagawa-ken, Japan							
Post Office Address CANON KABUSHIKI KAISHA							
3-30-2 Shimomaruko, Ohta-ku, Tokyo, Japan							
Full name of Second Inventor, if any Inventor's signature Noriyuki Shikina							
Inventor's signature Noriyuki Shikina							
Date <u>Thecember 27, 2006</u> Citizen/Subject of JAPAN	·						
Residence Yokohama-shi, Kanagawa-ken, Japan							
Post Office Address CANON KABUSHIKI KAISHA							
3-30-2 Shimomaruko, Ohta-ku, Tokyo, Japan							
Eull name of Third Tanantan is							
Full name of Third Inventor, if any							
Inventor's signature							
Date Citizen/Subject of							
Residence Post Office Address							
Post Office Address	·						
Full name of Fourth Inventor, if any							
Inventor's signature							
Date Citizen/Subject of							
Residence							
Post Office Address							
Full name of Fifth Inventor, if any							
Inventor's signature							
Date Citizen/Subject of							
Residence							
Post Office Address							
Evil name of Civith Inventor if any							
Full name of Sixth Inventor, if any							
Inventor's signature							
Date Citizen/Subject of							
Residence							
Post Office Address							